

**Alternate Provider-Parent Agreement for Crystal Skinner Child Care**

**Child's Name and Enrollment Information:**

I agree to enroll my child \_\_\_\_\_ in **Crystal Skinner Child Care** beginning on \_\_\_\_\_. My child will be attending the following days of the week: (please circle or highlight)

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

My child will arrive at: \_\_\_\_\_. I understand the calendar year runs from the Labor Day until the Friday before the following Labor Day. **I have read and understand** the policies as described in the Crystal Skinner Child Care Booklet. I agree to comply with all rules and responsibilities stated therein.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

**Absences, Sick Days and Early Departure Days:**

In the event that my child leaves **Crystal Skinner Child Care** early because of illness or any other condition that may affect the health and well being of other attendees or does not attend **Crystal Skinner Child Care** during his/her scheduled time, (i.e.; doctor appointments, birthday parties, school functions, sporting events, accompanying you to work, preschool, going to a friend or relative's home, day camps, early departure days, and non vacation days), I am responsible for paying for the time my child would normally attend **Crystal Skinner Child Care**. I understand that by signing this **Alternate Contract** I am required to pay for days absent. If I reserve a spot for additional children, or for my child to attend an additional day, I will be charged for that day regardless of actual attendance. If my child is ill, I will call Crystal Skinner (536-3626) as early as possible on the day of illness to let her know my child will not be in attendance that day.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

**Absence due to maternity or extended leave (up to 8 weeks) from Crystal Skinner Child Care:**

**Crystal Skinner Child Care** will require weekly payments equal to one-half of your weekly child care tuition fee during the time of your absence, to secure your child's enrolled time slot at **Crystal Skinner Child Care**.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

**Health and Medication:**

I agree to furnish **Crystal Skinner Child Care** with a signed emergency medical statement as well as a current physical examination form filled out by my child's physician within 30 days of enrollment I understand all prescription medications must be in a labeled container with the doctor's name, date and prescription number. I further understand that I am responsible for filling out a dispensing medication form available to me from Crystal Skinner when my child is taking prescription medication which must be administered during care. I agree to accept and abide by the guidelines outlined on the communicable disease handout regarding exposure and exclusion from child care.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

**Holidays and Personal Days:**

I understand that **Crystal Skinner Child Care** will be **closed** on the following holidays: Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the Friday after, Christmas Vacation, Martin Luther King Day, President's Day, Winter Recess, 10 Personal/Illness Days, Spring Recess, Memorial Day, Independence Day, and 5 days during the summer.

**Alternate Daily Tuition Rate Schedule:** I am **not** responsible to pay **Crystal Skinner Child Care** for closed holidays, or personal /illness days.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

***Tuition Payments and Deposit, Late Fees, Returned Check Fees:***

***Tuition Payments and Enrollment Fee:***

I understand that cash or check payment, for weekly tuition, is expected at the beginning of each enrolled week. All tuition payments should be received on the first day of attendance for each new week. Checks should be made payable to ***Crystal Skinner***. I agree that the weekly fee for my child to attend ***Crystal Skinner Child Care*** is \$\_\_\_\_\_.00. An enrollment fee of \$\_\_\_\_\_.00 for two enrolled weeks will be paid upon enrollment. The enrollment fee will be used to secure my child the above time slot and will roll over from week to week upon payment. I understand this fee will be used to continue to secure my child's time slot from week to week, and this fee will not earn interest. I agree to give Crystal Skinner two weeks advance notice should I desire to withdraw my child from ***Crystal Skinner Child Care***. I understand that ***Crystal Skinner Child Care*** will give me two weeks advance notice to find other care for my child should the need arise except in the situation of immediate termination. I further understand my enrollment fee is non-refundable with immediate termination of this agreement.

***Late fees:***

I understand all unpaid accounts will be charged a late fee of ***\$10.00 per day*** late. I understand a late fee of ***\$1.00 per minute***, per child, will be charged if my child is not picked up by 11:30 AM for half day morning attendees and by 4:30 PM for all afternoon attendees.

***Non-sufficient funds and returned check fee:***

I understand a fee of ***\$35.00*** will be charged for all returned checks.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

***Divorce Records, Custody Agreements, and Legal Guardianship:***

I understand that divorced parents and legal guardians are required to provide a copy of custody papers or legal guardianship papers, to be kept in the child's file at ***Crystal Skinner Child Care***. I further understand the legal guardian or custodial parent, while the child is enrolled in ***Crystal Skinner Child Care***, will be responsible for payment to Crystal Skinner. In the case of divorce or pending divorce, I will supply Crystal Skinner with copies of applicable orders with regard to custody, visitation or any pertaining restraining orders.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

***Arrival Procedures:***

I understand that I must accompany my child inside ***Crystal Skinner's Child Care*** home each time I arrive, and have Crystal Skinner acknowledge my child's presence.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

***Personal Items:***

I will not allow my child to bring gum or candy to child care without Crystal Skinner's knowledge. I understand children are welcome to bring appropriate toys from home, and the toys should be shown to Crystal Skinner upon arrival. My child should be willing to share any toys or games he or she brings with the other children in attendance (this does not include special blankets or stuffed toys used for nap times). I understand that toys do get broken during normal play and I will not request payment or replacement for any toy that may break during normal play.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

This signed copy will be kept and maintained in my child's file. ***Crystal Skinner Child Care*** will provide me with a copy of this document for my records.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Crystal Skinner

\_\_\_\_\_  
Date